

MINUTES
STATE AIDS TASK FORCE
(A subcommittee of State Board of Health)
June 6, 2007

Agenda item #1: Roll Call and Introductions

Larry Mastropierro, Chairperson, opened the video conference meeting the Nevada Department of Rehabilitation and Training building in Reno, NV at 9:30 A.M.

Roll call taken and determined a quorum was not present (short 1 for a quorum). Several members were running late and would be in shortly.

Attending from Carson City:

April Romo	Bill Hill (ex-officio)	Beverly Schaeffen (ex-officio)
Bob Salcido (gst)	Lyell Collins (gst)	Martha Fricano (gst)
Nikki Isaacs (gst)		

Attending from Reno:

David Parks (late- 9:40 AM)	Gerold Dermid (gst)	Hector Galvez-Lopez (gst)
Julie Butuliet (gst)	Jennifer Howell (ex-officio)	Larry Mastropierro, Chair
Lindsey Lightfoot	Nedy Tollerstad	Rita Boyd
Dr. Trudy Larson		

Attending from Las Vegas:

Bonnie Sorenson	Chris Reynolds (late- 11:00AM)	Linda Anderson, DAG
Larry Sands	Rick Reich	Marcie Jackson
Dr. Mary Guinan	Mary Ellen Harrell	Melva Robinson-Thompson (Via Teleconference)

VOTING members not in attendance:

Antioco Carrillo	James May
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Since a quorum was not present at the time of the meeting Larry Mastropierro, used his power as Chairperson to take the agenda out of order until a quorum was present.

Agenda item #3: Discussion of HIV/AIDS funding source in Nevada.

Bob Salcido had a copy of information on how HIV/AIDS funds are handled in Nevada and gave a copy to April on 06/05/07 but she did not have time to make copies or to email out. Bob stated that he received some more current information after he made this report. Once corrected, he would give to April to distribute, via email or fax. It discussed Ryan White funds from all the categories in 2006. It also included state funds for ADAP; however, it did not include county funding, as it was not given when requested. It was explained that there is probably more funding that not included in this report, like HIV money for Surveillance. Bob explained that this report

is a report/chart breakdown of funds that was created by someone else previously but he was just trying to emphasize it and put in accurate numbers. Dr. Guinan asked how the funds were separated and would like more information on that. Was is separated by population to show that the bigger the population the more funding went to that location to serve more of the HIV population? Dr. Guinan suggested that this type of report of be used in the annual report to show the task force how the funds the State receives are being distributed and to make sure that the areas of needs are really getting the financial help that is needed. Having a systematic financial report available like this would be very helpful for the Task Force so if there happens to be a change/cut in funding the Task Force could advocate for what should be right. However, that cannot be done if no one knows of the changes coming or happening.

(David Parks arrived at 9:40 AM- making a quorum).

Larry suggested that there be talking from both the State and the Counties to use the information that is available. Another way, once available, would be the website once created and put online. Jennifer stated that this is actually good information as a snapshot of monies.

Bob wanted to remind everyone that this is a just a snapshot. He tried to do a calendar year (CY) report by using the last half of State Fiscal Year (SFY) 06 and the first half of SFY 07, however it is not totally accurate due to the not having all past information to make comparisons. This is a real hard report to do because, Bob stated, he does not have full knowledge of what each program does with their funds. He knows basic information of all the programs only. For example, Bob used the fact about ADAP not using all of their funds for CY, \$1.4 million that he was just told about the previous day. Nikki Isaacs, Ryan White / CARE coordinator for the state does not know where Bob got this information from but was able to comment that this was not accurate. Jennifer, from Washoe County, stated that there was a loan from IFC in 2006, before Medicare Part D became more successful.

Rick Reich stated that possibly getting himself, Jennifer, and Bob together to make a report showing all the funds and expenditures for the past 2-3 years and show a pattern for all categories (Part A, B, C, D, E, F), Prevention, and Surveillance. Rick stated that this would be a good report to present at the next meeting in October. All parties agreed to work together to get this information and make this report. It would also be good since fiscal year 2009 is to be more competitive and everyone would have more information to use as needed.

Bob stated he would go back to the office and get this report revised and sent out to have that snapshot until a more detailed report is created with the State and the counties.

Agenda item #2: *Approval of Minutes of February 7, 2007

Larry welcomed David and now there was a quorum present. Everyone reviewed the revised minutes and no discussion was made. Larry asked for the Motion.

Motion: Dr. Trudy Larson made the motion to accept the minutes as now written and Dr. Mary Guinan second the motion. The motion was approved unanimously.

Agenda item # 4: *Discussion and possible recommendations of Credit Checks for Ryan White Applicants

Nikki Isaacs, Ryan White Coordinator for the State, presented an overview of the Ryan White, Part B- ADAP, Program. She explained that ADAP is a self-reporting for income and assets and should be a last resort program for drug assistance for HIV/AIDS patients. The State has a responsibility to report to HRSA all funds expended, properly. In September 2007, HRSA is doing away with the Hold Harmless clause, making sure all reports are accurate and if not being responsible for repayment. The purpose of the credit check for Ryan white clients would not to be exclude patients based on credit but to verify applicants' assets and income. Health Division Administration, Alex Haartz and Richard Whitley, asked that this be brought to the State AIDS Task Force and ask for their recommendations and possible other recommendations for verification if a found a credit check was not approved. Linda Anderson did state that to use extreme caution if using credit checks. They can be very difficult to read, they must be used consensual, an after checking with the people in Linda's office that do consumer affairs, they can be a challenge to understand.

Rick questioned what Medicaid uses. Nikki referred the question to a representative from Health Care Financing (Beverly). Beverly stated that Medicaid depends on Welfare to do the verification and she did not know at the time what Welfare uses as their verification but would be willing to find out. Jennifer asked what effects confidentiality might have on this. Her given example is that Northern Nevada HOPES does a credit check, and it now is on this person's credit report. Now this person goes to apply for a loan and the possible lender sees that Northern Nevada HOPES has done a credit check. How could this possibly affect the person? Rick stated that Southern Nevada Health District (SNHD) does do data check through public information that does not require a Social Security Number- such as public land title and deeds that only require a name. Secondly, he agrees with Jennifer's concern for confidentiality. There would have to be some kind of dummy name set up so such names as Aid for AIDS of Nevada, Southern Nevada Social Services, SNHD, or Nevada State Health Division would not come up. Larry questioned about cost. Would the benefits outweigh the cost if checks were done on all possible applicants? Bill Hill stated that if it is address and Social Security numbers that Ryan White wants verified, maybe use DMV for that information. Dr. Larson stated that see would like to see a group of people, maybe like from Welfare, to state the public information you need is verified what do with as necessary. Dr. Guinan agreed with Dr. Larson. Nikki stated that as an example of a client that over the past 10 years was found of defrauding the system, by owning more that one property and not claiming all his income and assets. Had a credit check or another form of verification be done it could of saved the program over 15 Thousand Dollars over that time frame. Nikki stated that the cost would be minimal and worth it if only, one person could be caught in the act of fraud. Hector sated there are other methods of checking and verifying information through the systems that the DMV and Welfare have in place. Dr. Sands wanted to know if the Health Division has checked to see what other states are doing for verification. Nikki stated that she has checked with some other states and though there are none currently proactive, they are starting to have meetings like this to start looking at what to do as the hold harmless clause is hanging over their heads as a possible removal in the near future. Rick's follow up question to Nikki is who is actually Payer of Last Resort? Everyone seems to claim Payer of Last Resort; Welfare, Social Services, HOPWA, and HUD. Nikki stated that Payer of Last Resort is built into the Government language. It would be difficult to disseminate the pecking order. Dr. Guinan also agreed with Dr. Larson that it needs to be checked how other

agencies are verifying information and looking at their policies for this and possibly even adopting those policies. In addition, Dr. Guinan shares the concern that the credit checks can be hard to interpret and costly, as she just had one that cost her \$70. However, she does not agree that credit checks are the best way to verify the basic information needed. Nikki Isaacs stated that many good ideas came from the discussion, she will check out some of the other agencies policies of verification and will come back at the next meeting with more information.

No motions made at this time.

Agenda item # 5: *Discussion and recommendations for a Quality Management Team for Ryan White

Nikki Isaacs lead this discussion by stating that HRSA is making it a requirement that all Ryan White participants and CBO's have a Quality Management Plan (QMP). Dr. Isaacs is requesting all entities involved with HIV/AIDS treatment be involved in making a committee to satisfy the new HRSA requirements. Dr. Larson stated that both grants she is writing requested that there be a QMP in each. Inquiring on how to possibly make the one for the State broad enough for all entities that receive HRSA funds and be able to compile and incorporate this into their writings. Dr. Guinan stated that maybe there is a way that a group of members could get together and make this so it can be acceptable to all. Additionally, Dr. Guinan recommended that those in health care be part of this committee, she not being involved in direct health care would not be able to see all the quality benefits needed. Rick Reich commented that he was on the HAB website recently and saw a section on QA for Primary Care. Would that be of any assistance? Dr. Larson stated that the information given is very detailed and specific and would actually be too much for this type of QMP, it is her opinion that the State QMP should be of a broader statement. Rick Reich suggested taking a small part from the website and not use the total package. Rita Boyd asked if there is a deadline for the plan. Nikki Isaacs stated that the State has no deadline set. She would like to have by the next audit/visit by HRSA. Nikki Isaacs stated that there is a variety of health care services being provided. On one hand, we have a State university system providing specialized care and on the other hand, we have "Mom and Pop" organizations providing a different range of services. She does have six Quality Management trainings scheduled that can be used to assist with the QMP. Bonnie Sorenson suggested that the Quality Management Committee possibly use the Title X QMP as an audit tool. It is easier to use something that has much more sophistication and technology, break it down a little than to use some of the small CBO's technology and trying to build it up. This way it can make everything more of an equal base. Nikki Isaac did state that Ryan White does have information booklets and CDs ready to disseminate.

Motion: Dr. Larson made the motion to form a committee to work with Nikki Isaacs on forming a QMP for the State. Nedy Tollarstad and Rita Boyd gave a second to the motion. The motion was approved. Rita Boyd, Dr. Larson, David Parks and Dr. Guinan volunteered to assist on the committee. Larry asked that an update be brought back to the next meeting.

Agenda item # 6: Update in Syphilis outbreak in Southern Nevada- what is being done

Rick Reich offered to do an update on the Syphilis since Chris Reynolds had not arrived yet. The numbers as of May were a total of 79 reported cases of Early Syphilis. Mr. Reich noted that Southern Nevada Health District (SNHD) is taking a more systematic approach and analysis. After doing all the interviewing, the cases are classified and reported. Of the 79 cases mentioned earlier, 26 are of Primary or Secondary and 53 are Latent. Of those, 70-80% are of the male gender and can be broken do into basically two populations. Those populations are of Men having Sex with Men (MSM) and heterosexuals of Color, more so the African Americans opposed to Hispanics.

As far as Late Syphilis goes, SNHD is seeing it divided about ½ and ½. There is better analyzing and reviewing, working cases to see if latent and then reviewing if it can be taken as early or late. Bob made an excellent report that Bill Hale circulated about some numbers of Syphilis being reported, as shown in the report, over the past few years Syphilis is on the rise. In 2005, there were 160 cases reported in Clark County and in 2006, 244 cases were reported. Rick Reich explained that he does think this number will be higher in 2007.

In terms of outreach, SNHD has been hitting a lot of the Male to Male venues, ones that have been established as allowing adult sexual activities and now posting Syphilis alert posters. Basically these posters are posted by the “registration” area and state that Syphilis is on the rise in Clark County and this establishment has been reported as a location of contact for this disease. There are also Technical Bulletins circulated for an update on Gonorrhea and noting the change in treatment and adding Syphilis with an alert and treatment.

Agenda item # 7: Update on HIV Clinical Testing Trials in Clark County

Rick Reich reported that they are promoting returning for HIV testing. SNHD has gone to the lead clinic, which is connected to the Community Hospital. It is set up more so as an appointment basis and is geared for indigent and low-income people. SNHD participated in this project to offer HIV testing as a routine test and is not considered as the purest of models, they ask people if they want this test as part of routine testing, making it easy for them to opting out. If opting, out all the patient has to do it check a box refusing before turning the paperwork back in and going to the nurse.

So far, 583 people have been offered the HIV test, 253 accepted the test and 326 declined The interesting part of this is that only about half of those accepting are getting the HIV test. Rick Reich sees this as happening because first you go back and see the nurse or doctor. Then after your visit is done you go to lab as the last step before leaving. It seems that those people accepting, just are not stopping at the lab for the test. Dr. Greenburg and Dr. Ezzy are going to analyze the data they do have to determine of those who are accepting versus those getting the test for age, gender, and race. It is expected that this trial will probably go on for at least one more month. Dr. Greenburg has got two other clinics signed on to do some trials also. They are looking to see if possibly they will get kind of the same results as this trial, people accepting to get the test and not actually getting it.

Dr. Larson commented that this is getting a better response in clinic and facilities now. She does believe that there would be a better response from patients if it was discussed and asked by doctors versus a paper questionnaire.

Rick Reich noted that this has been a learning curve by working with other organizations and secondly how agreeable the staff working with SNHD have been. The staff has not viewed this as an invasion with somebody else and extra paperwork/forms, but a chance to offer a free service to the patients at this time

Rick Reich noted that Dr. Greenburg was surprised by the number of people who declined the HIV test in this clinical trial. He was expecting about an 80% acceptance and 20 % decline, not a 40% acceptance and 60% decline in testing.

Linda Anderson commented that Vicki Estes, from the Bureau of Licensing and Certification, was very impressed with this and how well this has been run, and Vicki is a hard one to impress.

Agenda item # 8: Update on Annual Report

Larry pointed out that at last meeting that he, David and April would need to sit down and do an extraction from the past minutes. Larry also asked Jennifer Howell and Rick Reich for an Epi report from CDC to attach as an addendum to the report. Larry suggested also getting information from the planning councils (both North and South). Jennifer Howell stated that if Larry wanted more detailed information that she and Rick would probably be able to pull more current/real time information than the Health Division.

Rick agreed with Jennifer that the counties do have more information and but it is not like before where the information from the State is two to three years behind. Rick believes that Bob has done a good job keeping the numbers very recent and would be a good assistance; Rick made a strong suggestion of making committees to get information for this. Linda did note that if establishing committees to do this it would fall under the Open Meeting Laws and all laws would apply. She did reiterate that Larry did previously ask individuals to bring back information and that would probably be best.

Based on that, Larry thanked Linda for saving him yet again and kept with getting information from each individual. Larry will be in touch with all for more information.

Agenda item # 9: Legislative updates on AB194, AB443, and SB266

David stated that there are 2 pieces of legislation that were passed and is now on it way to the Governor to review. The Governor then has 10 days after a bill passes legislation to be signed and passed into legislation or to be vetoed. David brought copies of the two bills SB266 and AB443.

SB266 deals with prenatal testing for pregnant women. AB443 provides provisions for patients. If tested, patients are given advises on the test, the results and referrals for local resources. Patients are no longer just tested, given results and sent on their way. Nikki asked David if he had a copy of AB182 concerning the State Pharmacy Assistance Program (SPAP). Beverly Schaeffgen asked about the providing of subsidy and the longevity of the Program. David had not brought the bill with him. Nikki responded to Beverly that with out the bill in front of her

and seeing the wording as how it was passed she could not answer those questions at this time. Nikki stated that she would have to back to pull it up to get more details on it.

Dr. Guinan thanked David for his hard work on these and to everyone who helped. Jennifer also thanked David for being receptive to the responses he received.

(Chris Reynolds joined the meeting at 11:00 AM)

Agenda item #10: Discussion and possible recommendations on the Statewide Community Planning Update

Lyell stated the CDC does require that there be a State Planning Committee. They are currently working with the 2 Planning Councils. They have been working hard by using the same data as previously comparing to standardize. Lyell stated that the committee just met to start writing, hoping to have completed by June 2008, explaining that this is a very hard/complex planning process using focus groups along with key informant surveys to see that is out there and where possible changes are needed.

Dr. Larson asked if there are any changes pertaining to guidance. Lyell did state that most of it was the same, but there is talk of changing it to a five-year plan compared to the recent 2-3 year plan in effect now.

No motion made at this time on this discussion.

Agenda item # 11: *Discussion and possible recommendations on planning activities for World AIDS Day

Larry believes that we need to start getting coordinated with this and get more presence. He knows last month there was a candle-light vigilance in Reno, Nevada and in Atlanta, Georgia where he was, there was something similar. As members of the Task Force and members of the community, we need to get more awareness out there in the public, such as the red ribbon campaign was out there. He noted that there seems to be a lost of support and funding. Larry stated we know the numbers are there and growing, it is not a disease that is going away, and it is not a manageable disease. Further, we need to work with the Planning Council and as the State AIDS Task Force members to make the community and people more aware.

Jennifer asked David if legislation approve December 1st as World AIDS day and David responded that it did pass. Jennifer stated that she will help by getting legislation to approve it and let people know the legislation approved it.

Rita commented that possibly bringing the quilt back out like a few years ago, that has such a high response from the public. The impact of seeing close to 10 thousand people that came out to see it was unbelievable.

Dr. Larson suggesting sharing the venue and possibly coordinating with the media, doing press releases with the school, high school and upper intermediate schools- both in the North and South. Just making big press releases would help. In the North, Dr. Larson noted that HOPES is

planning a BIG event, being that HOPES has been in business for 10 years now. It is suppose to be big, formal, and invitational.

Dr. Guinan suggested that Larry be a spokesperson to the media. Also it seems to work best if people work with a theme. People seem to respond to themes with event. This past event was with a theme with perinatal. She asked if Syphilis was a problem in the State or just in the South. It was commented that right now it is a serious problem only in the South. Dr. Guinan suggested that using this campaign to show how serious getting Syphilis is and the possibility of co-infection with HIV. Let people know that there is something worrisome going on.

Dr. Guinan remembered that there was a previous Task Force member with a quilt, maybe something to bring back, if possible. Nedy stated that Ann Johns was the member that had the Living Quilt and now Forrest has it for upkeep. It was noted by Chris that parts of the quilt is with AFAN now also. He also noted that the problems now it that people that are not affected with the disease just don't understand. People who are not affected just do not have that connection and understand. We just have to show how HIV/AIDS can affect all people.

Rick noted that SNHD does have a quilt to display on AIDS Day at UNLV. UNR and UNLV should use this opportunity to get the attention of the younger population. He also suggested that both sections of the State get to together and all the various programs for a common theme like "Get Connected". Get connected to care (for those that need it), to prevention (for the younger people) and to education. For example, let us show the connection between HIV and Syphilis prevention. That one theme needs to be harped on (Get Connected or whatever is chose). Let us find out who is out of care and show prevention methods or ways to get care, if needed. Nikki asked that someone get connected with a CBO and get them to contact her for possible funding special events on World AIDS Day.

Jennifer stated that she tends to use the Sexual Health theme like- Know your status: +/-/?, since more people seemed concerned about STD's versus AIDS/HIV. It seems to get the message out. Dr. Guinan stated that Jennifer has a good idea there, however, in Las Vegas there was not much response. At UNLV, they were only able to test students, not visitors or faculty, which made it hard. They need to have campus approval for all to be tested, and not focus on just the student to make them feel that they are being targeted as a younger person.

Larry asked Linda if using title as Chairperson of the Task Force-could he be a spokes person. Larry would like to see joint press releases with the State, the North and one for the South. Linda responded that would not be a problem. Rick stated instead of separating, that we use the Chair for the State Task Force and have one person, one face for all and not divide it between the North and the South. Dr. Guinan also commented that to possible use one person so if the media did contact someone there would not be several messages going out. She also stated that since most people in the State don't even know that there is a State AIDS Task Force that alone would shed light on the subject more, raising that visibility and create that creditability.

Gerald noted that National HIV testing Day is set for June 27th and an event has been scheduled at Grand Sierra Resort. He knows that HOPES has an event scheduled in Carson City. Last year, Gerald stated, many events took place during World AIDS Day in the North, which are scheduled to continue for this year. If people, the State AIDS Task Force and CBO's, want be involved in these events, they need to respond to the invitation to be part of the planning committee for World AIDS Day when they are sent out.

Larry stated that this would be a very good reason for the website, to post the press release and for a place people can go for more information involving these types of events.

Rita was amazed to hear about all these events as she never heard of them last year. She stated that awareness needs to be made, more publicity on these events. Jennifer noted that part of the problem is that this information is made more available to target groups and not so much to the public in general. Maybe coordinating with the media would help this situation. Larry stated that we NEED to get this information out and that Nikki did note she has the availability to possibly assist with getting the information out and is within her realm of available assistance to us. Chris stated that in the South there is a specific committee to assist getting the information out with the media and letting people know what's going on and what's leading up to World AIDS Day. It also list all the organizations involved.

Lyell stated that Nevada State Health Division has a media office and can use as a back door to use as a media contact and possible use of resources. Larry will contact people and use the State for guidance for deadlines and other needed information.

Dr. Guinan stated that possibly if Larry is making a trip to Vegas, for business or pleasure, to let her know and maybe something can be set up like "State AIDS Task Force visits UNLV". Larry did state he would be in Vegas in August for something else and would be in contact.

Agenda item #12: Public comment-No action items and limited to 3 minutes.

Dante Crawley called in to question when and why did ADAP eligibility services change from 12 months to 6 months? He also explained that how this has affected him not being able to get medications for 3 months and that has severely adversely affected this test results. Larry gave Nikki Isaacs number, as CARE/Ryan White coordinator for the State, and requested he contact her for more information. Larry stated that this was public comment only and no discussions could be available.

Bob Salcido got the final report from CDC and really wanted to thank both health districts. There were no recommendations made for wither health district. There were some security issues with the State that are in the process of being corrected. CDC stated that overall that this HIV Surveillance site visit was very good.

Nedy noted that for the Hispanics, a group called Latino Pride, a group of Hispanic Lesbians, Gays, and Bisexuals in the North and has been around for the 7 years. Its focus is all about prevention, knowledge, and understanding of HIV/AIDS. Nedy very proud to be part of this organization and that Latino Pride has been chosen as Grand Marshals for the Gay Pride Parade on August 19th.

Hector, with HOPES, stated there needs to be more education with the prisons/detention camps and HIV positives and make monthly talks. He has noticed that there seems to need no transition from release to the community. Information needs to be given to the HIV positive patients/prisoners that upon release about HOPWA and other programs available.

Larry apologized that he missed an item for the agenda about an October date for the meeting. Larry is asking people look at their calendars to check availability and let us know a good time.

The problem we have run into the past is booking the date with a conference or some other event. Also, Larry is asking the State to look at its budget availability to do a Face to Face meeting as part of its annual meeting in October and look into where is more feasible/economical to do.

Agenda item #13: *Adjournment

Larry asked for a motion.

Motion:

Chris made a motion to adjourn the meeting at 12:02 and David Parks second that motion. No discussion and the motion approved unanimously.

Larry adjourned and thanked all for their involvement.